

Name \_\_\_\_\_  
 Profession \_\_\_\_\_  
 License # \_\_\_\_\_

**BOARD OF TECHNICAL PROFESSIONS**  
 900 SW JACKSON, SUITE 507  
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**CONTINUING EDUCATION REPORT FORM**

Dates of Activity MM DD YY	Title of Program	Name of Sponsoring Organization Location (City & State)	Duration	Instructor/Speaker's Name	Number PDHs Earned	Office Use Only
1						
2						
3						
4						
5						

List only the number of courses needed to meet required PDHs.

*I certify under penalty of perjury to the truth and accuracy of  
all statements, answers and representations made in this report.*

6 PDH claimed (Total lines 1-5) \_\_\_\_\_

Please Seal the Audit Form

Sign and Date over your Seal  
on Each Page

